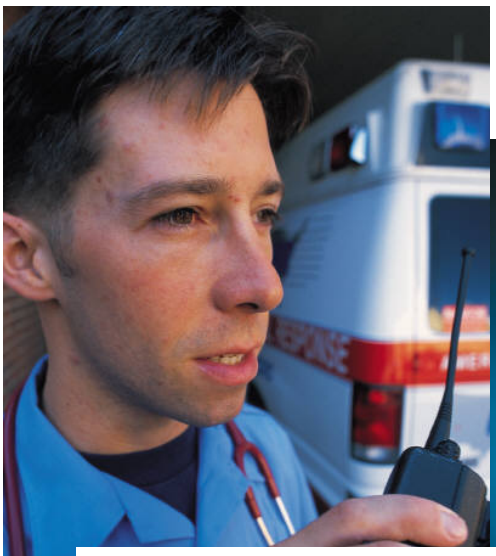


Public Employees Occupational Safety and Health Program

Bloodborne Pathogens Survey

Richard J. Codey
Acting Governor

Division of Epidemiology, Environmental and Occupational Health
Occupational Health Service
Public Employees Occupational Safety and Health Program

Fred M. Jacobs, M.D., J.D.
Acting Commissioner

Public Employees Occupational Safety and Health Program

Bloodborne Pathogens Survey

Report prepared by
Carol Lamond, RN, MS
Public Employees Occupational Safety and Health Program
and
Rukmani Ramaprasad, MSc, MS
Occupational Health Surveillance Program

New Jersey Department of Health and Senior Services
Occupational Health Service
PO Box 360
Trenton, New Jersey 08625-0360

Eddy A. Bresnitz, MD, MS
State Epidemiologist/Senior Assistant Commissioner
Division of Epidemiology, Environmental and Occupational Health

Gary Ludwig, Director
Occupational Health Service

Eric Beckhusen, Program Manager
Public Employees Occupational Safety and Health Program
www.state.nj.us/health/eoh/peoshweb

January, 2005

Summary - Background

The hepatitis B vaccine virus is a potentially life-threatening bloodborne pathogen. The hepatitis B vaccine can prevent hepatitis B infection and should be offered to all employees, including those in New Jersey's public sector, who have a reasonable anticipation of exposure to blood or other potentially infectious materials (OPIM). Public employees with potential occupational exposure include healthcare workers, emergency medical services, firefighters, police officers and corrections officers. The Public Employees Occupational Safety and Health (PEOSH) Program has adopted the federal OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)[1], which requires that the employer offer the hepatitis B vaccine to at-risk employees**.** One of the objectives of the "Healthy New Jersey 2010" plan is to increase hepatitis B vaccination levels to 100% among New Jersey public employees who have a reasonable anticipation of exposure to blood and certain body fluids.

Survey of Public Employers

A survey was mailed to public employers in New Jersey in order to establish a baseline indicating how many public employees have been offered the hepatitis B vaccine and how many have completed the hepatitis B vaccine series of three injections over a six-month period. In addition, the survey included questions addressing some of the other requirements of the PEOSH Bloodborne Pathogens Standard. The survey was mailed to 2,769 New Jersey public employers who potentially have employees covered under the Standard. A total of 1,091 public employers (39%) responded to the survey. Most types of targeted public employers i.e., police, fire, local health departments, schools and public healthcare facilities are represented among the responding facilities.

Survey Findings

- Close to 100% of the employees identified with potential occupational exposure to bloodborne pathogens (BBP) had been offered the hepatitis B vaccine by their employer (see p.11).

- Of those employees offered the vaccine, 58% had completed the vaccine series.

- Responding facilities most frequently cited that employees declined the vaccine because they had already received the vaccine series. Responding facilities also commonly reported fear of needles or injections and fear of possible complications as reasons for the employees declining the vaccine.

- Local health departments ranked first for employees that completed the vaccine series (74% of those offered the vaccine); schools and public healthcare facilities were lowest for employees completing the vaccine series at 48% and 44% respectively.

Recommendations

Areas identified that warrant future PEOSH education and training outreach goals include the following:

- Provide employers and employees with information regarding the importance of accepting and completing the hepatitis B vaccine series;

- Reduce the number of employees who decline the hepatitis B vaccine particularly because of "fear of complications" and/or "fear of needles";

- Improve compliance in designated workplaces with the additional requirements of the revised PEOSH Bloodborne Pathogens Standard.[3] The requirements include provision of sharps with engineered sharps injury protections (SESIPs) and puncture-resistant sharps containers. In addition, employee input on the selection of the SESIPs (e.g., safer needle devices) and maintaining a Sharps Injury Log are also required.

Introduction

The hepatitis B (HBV) virus warrants serious concern for workers occupationally exposed to blood and certain body fluids. It is estimated that more than one hundred thousand public employees in New Jersey, including healthcare workers, emergency medical service responders, firefighters, police officers and corrections officers are potentially exposed to the hepatitis B virus. In response to this potential hazard, as well as other bloodborne pathogens (e.g., HIV and Hepatitis C), New Jersey adopted the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)[1], which is enforced under the New Jersey Public Employees Occupational Safety and Health (PEOSH) Act.

The Standard was originally published in the New Jersey Register on July 6, 1993 and applies to all public employees with potential occupational exposure to blood and other potentially infectious materials (OPIM). The Standard, in part, requires that public employers offer the hepatitis B vaccine to all public employees who have occupational exposure to blood and other potentially infectious materials, e.g., healthcare and public safety workers. The vaccine, which is given in a series of three injections over a six month period, is relatively safe and effective and has been available since 1982. The vaccine stimulates active immunity against hepatitis B infection and provides protection to about 90 percent of those who are vaccinated. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future. Most employees at risk would benefit from hepatitis B vaccine coverage; however, employees have the right to refuse the vaccine.

Other requirements of the Bloodborne Pathogens Standard include implementation of an Exposure Control Plan[2] for the worksite with details on employee protection measures. The employer must describe in the Plan the engineering and work practice controls that will be implemented in the workplace; ensure the use of personal protective equipment; provide training, medical surveillance, and appropriate signs and labels, among other provisions.

Due to ongoing changes in technology, improved engineering controls (e.g., sharps with engineered sharps injury protections (SESIP's)) have become available. In order to incorporate these technological improvements, the Bloodborne Pathogens Standard was revised and adopted on September 4, 2001[3]**.** New requirements of the revised Standard include additional definitions (e.g., engineering controls, such as SESIP's), solicitation of input on selection of the SESIP's from non-managerial employees and maintaining a Sharps Injury Log.

Methods

When the PEOSH Bloodborne Pathogens Standard was originally adopted, one of the initial NJDHSS strategies was to raise hepatitis B vaccination levels to 100 percent among New Jersey public employees at risk. In order to assess the extent of hepatitis B vaccination levels in the public sector, a survey was designed for at-risk public employers. The main purpose of the survey is to establish a baseline indicating how many public employees have been offered or received hepatitis B immunization.

Other purposes of the survey included acquiring information regarding a) the reasons why employees declined the vaccine; and b) identification of other requirements of the PEOSH Bloodborne Pathogens Standard that warrant follow-up and/or additional outreach activities for designated public workplaces in New Jersey.

Survey Description

The survey (see attached) includes questions such as: a) the number of employees in the workplace potentially exposed to BBP; b) the number of employees who were offered the hepatitis B vaccine; c) the number of employees that completed the hepatitis B vaccine series (three injections given over a period of six months); and d) the number of employees who declined the vaccine. In addition, the survey included questions addressing some of the other requirements of the PEOSH Bloodborne Pathogens Standard such as: establishment of an Employer Exposure Control Plan; engineering controls; personal protective equipment; employee training; and recordkeeping.

The survey was mailed in June, 2002 to 2,769 New Jersey public employers who have employees potentially covered under the Bloodborne Pathogens Standard. A cover letter was included with the mailing explaining the purpose of the survey and requesting that employers respond to the survey within two weeks. Employers included: 571 municipalities; 115 local health departments; 651 school districts; 419 emergency medical service (EMS) units; 34 state and county colleges and universities; 792 fire departments; and 187 fire districts. The survey was also sent to 169 public employee union representatives (e.g., CWA, AFSCME, etc.); PEOSH liaisons in applicable state departments (e.g., New Jersey Department of Human Services, New Jersey Department of Corrections, etc.); and to 96 interested parties, including members of the PEOSH Advisory Board. Municipal clerks were requested to send copies of the survey to fire, police, health departments and other departments within their jurisdiction for their respective responses. The questions were a “Yes/No” type to make the survey instrument simple and maximize response. The survey was pre-coded to facilitate data entry and minimize data entry errors.

Results

A total of 1,128 employer responses (also referred to as “workplace” or “responding facility”) were received and entered into an Access 2000 data table. Duplicate entries, incomplete responses, and responses from non-public entities were excluded from the data set before analysis, resulting in 1,091 valid responses. This indicates a 39% (1091/2769) response rate; however, assuming that some municipalities filled out the survey, and also distributed copies to various departments within the municipality, this is probably an overestimate of the true response rate.

Workplace Category

Each response record was assigned a workplace category to represent the type of occupational group potentially exposed to bloodborne pathogens in the workplace. The assignment of a workplace category was based on the description of the workplace and the title of the designated person completing the survey. This categorization was used to gain insight into any potential variation in vaccination levels by occupational group among the responding facilities. The workplace categories and the responding facilities included in the category are listed in Table 1.

Table 1. BBP Survey – Description of Workplace Category
N=1,091

Workplace Category	Workplace Titles Included
Police	Police Department
Fire	Fire Department, Fire District, Engine Company, Fire Company, Hook & Ladder, Hose Company
Emergency Medical Services (EMS)	EMS, Ambulance, Rescue Squad, First Aid Squad, Recreation Department-Lifeguards, Emergency Rescue/Response
Local Health Department (LHD)	Health Department, Health and Human Services, Board of Health
Schools	Elementary, Middle, High School, Board of Education, College, University
Public Healthcare Facility (PH Facility)	Developmental Center, Residential Treatment Center, Psychiatric Hospital
Department of Public Works (DPW)	Building and Grounds Department, Sewer Department, Department of Public Utilities
Municipality	Township, Borough, City, Village, Municipal Building

The workplace categories for the surveys mailed and the responses received are shown in Figures 1 and 2♦.

FIGURE 1
Distribution of Public Employers
Receiving Survey
N=2,769

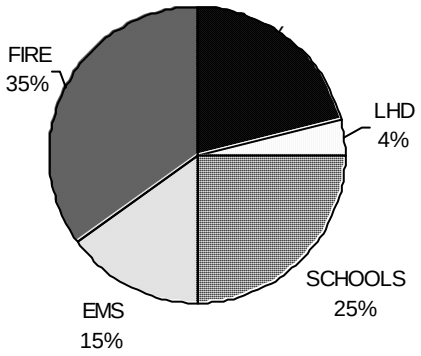
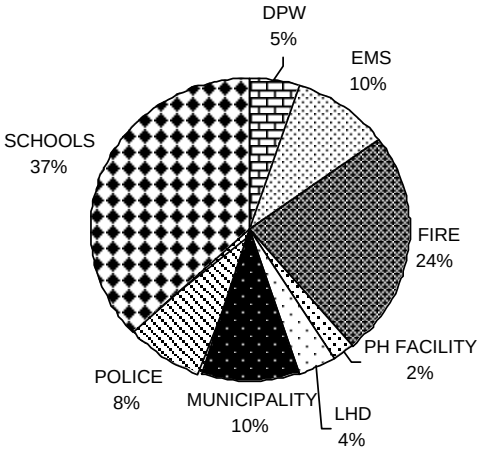


FIGURE 2
Distribution of Public Employers
Responding to Survey
N=1,091



♦ Municipalities were requested to distribute the survey to other departments within their jurisdiction. Police, Fire, EMS, LHD, and DPW are workplaces that could have responded through the distribution of the survey by the Municipality. Public Healthcare Facilities (PH Facility) were distributed surveys via the New Jersey Department of Human Services PEOSH liaison.

Fire departments and schools comprised about 60% of the employers receiving the survey as well as those completing the survey. Municipalities were requested to distribute the survey to other departments within their jurisdiction such as police, fire and other emergency responders. Hence, the response categories of Police, DPW, and EMS may have been addressed by these departments, as well as included in the response from the municipality. Consequently, there is a potential for overlap in terms of the estimated number of employees potentially exposed to BBP and related data.

Table 2 presents summary data on the number of employees potentially exposed at the time of the survey, the number of employees offered the hepatitis B vaccine, the number that completed the hepatitis B vaccine series, and the number that declined the vaccine. Percentages are shown graphically in Figure 3.

Hepatitis B Vaccination Status

Table 2. BBP Survey – Hepatitis B Vaccination Status by Workplace Category N=1,091

WORKPLACE CATEGORY	Total # Facilities	Total # Employees with Potential Occup. Exposure	Employees Offered Hepatitis B Vaccine		Employees Completed Hepatitis B Vaccine		Employees Declined Hepatitis B Vaccine	
			Total #	Percent[1]	Total #	Percent[2]	Total #	Percent[3]
Police	88	3657	3505	96%	2316	66%	504	14%
Fire	288	13,717	14,882	108%	9836	66%	1815	12%
EMS	114	3629	4235	117%	2706	64%	589	14%
LHD	46	4086	4083	100%	3010	74%	840	21%
Schools	399	33,157	34,171	103%	15,850	46%	9527	28%
PH FACILITY	16	8313	6220	75%	3667	59%	2351	38%
DPW	53	721	708	98%	513	72%	192	27%
Municipalities	109	9080	8716	96%	6148	71%	1714	20%
TOTAL	1091	76,360	76,520	100%	44,046	58%	17,532	23%

[1] Percentage is calculated taking the number offered as the numerator, and the number with occupational exposure as the denominator.

[2] Percentage is calculated taking the number completed as the numerator, and the number offered as the denominator.

[3] Percentage is calculated taking the number declined as the numerator, and the number offered as the denominator. All percentages rounded to the nearest integer.

A total of 76,520 employees had been offered the hepatitis B vaccine. This number is slightly higher than the number exposed, owing to the potential for overlap, discussed above. Among these employees, 44,046 (58%) completed the hepatitis B vaccine series. Seventeen thousand five hundred and thirty-two (23%) declined. The status of the remaining 14,942 employees who were offered the hepatitis B vaccine is unknown.

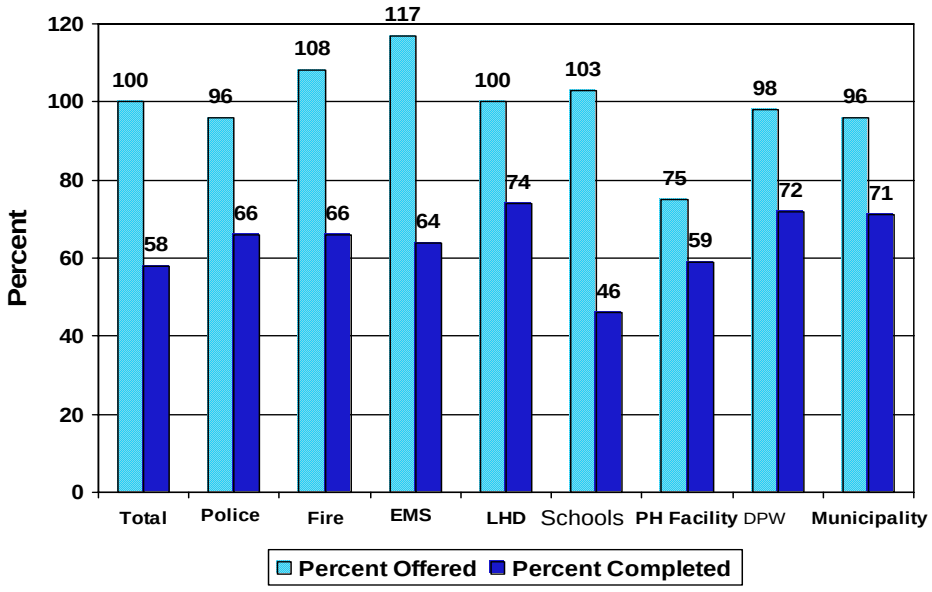
Among EMS, Fire, and Schools, the number offered the vaccine series exceeds the number of employees identified with potential occupational exposure. This may be due to an employer offering the vaccine to all employees in the workplace, even those who do not have potential occupational exposure (e.g. clerical staff); or, if during a specific time period, there may be employee turnover, hence more employees than positions.

The compliance pattern by workplace categories was examined to compare specific occupational categories regarding the percentage of employees offered the vaccine and the percentage of employees that completed the vaccine series. Figure 3 displays data by workplace category.

There is a variation across workplace categories in the percent of employees who have completed the vaccine series. Local Health Departments (LHD) with 74% rank first. Schools (37% of total responding facilities and public healthcare facilities (2% of responding facilities) were the lowest in the percentage of employees completing the vaccine series at 48% and 44% respectively.

In terms of the number of employees offered the vaccine, Public Healthcare Facilities fell short with 75%.

Figure 3. BBP Survey – Hepatitis B Vaccination Status by Workplace Category



Percent Offered: Percentage is calculated taking the number offered as the numerator, and the number exposed as the denominator.
Percent Completed: Percentage is calculated taking the number completed as numerator, and the number offered as the denominator. Percentages are rounded to the nearest integer.

Note: Municipalities were requested to distribute the survey to other departments within their jurisdiction such as police, fire and other emergency responders. Hence, the response categories of Police, DPW, and EMS may have been addressed by these departments, as well as included in the response from the municipality. Percentages may be over 100% because of an overlap in the data or an employer may offer the vaccine to all the employees, even those who do not have a reasonable chance of occupational exposure.

Reason for Declining Hepatitis B Vaccine

The survey requested that the responding facility select reason(s) for the employees declining the hepatitis B vaccine. The survey specified four reasons and provided an additional reason called "other". The responding facility could choose more than one reason. Table 3 gives the distribution of reason(s) selected.

Table 3. Distribution of Responses: Reason for Declining Hepatitis B Vaccine N=1,091*

Reason Selected	Number of Responses	Percent of Responses
Already had the Series	459	42%
Fear of Possible Complications	397	36%
Fear of Needles or Injections	244	22%
Allergic to Vaccine Components	94	9%
Other	291	27%

*The total percent of responses is over 100% since more than one reason could be selected. Percentages are rounded to the nearest integer.

As is seen from Table 3, the most frequent reason, selected by 42% of the responding facilities, was that the employee(s) had already received the hepatitis B vaccine series. There is no data, however, on how many employees had already completed the series. In addition, 36% selected "fear of possible complications" and 22% selected "fear of needles or injections" as reasons for declining the vaccine. Several reasons were given for declining the vaccine under "other" including: "unknown"; "not sure"; and "limited risk of exposure".

Standard procedures for infection control are an integral component of controlling exposures to bloodborne pathogens in the workplace and thus complement immunization for hepatitis B. In addition to the requirement that employers offer the hepatitis B vaccine to potentially exposed employees, the PEOSH Bloodborne Pathogens Standard requires that other policies and procedures for infection control be implemented.[2] Information elicited from questions regarding these requirements is displayed in Table 4.

Table 4. BBP Survey – Exposure Control Plan[2] and Related Requirements
N=1,091

BBP Standard- Requirement	Percent of Facilities Answering "Yes"
Universal Precautions	97%
Bloodborne Pathogens Exposure Control Plan	93%
Engineering Controls	
Handwashing Facilities	99%
Safer Needle Devices	45%
Input on Selection of Safer Needle Devices	48%
Puncture-resistant Containers	67%
Personal Protective Equipment (PPE)	98%
Post-exposure Follow-up Procedures	
Employer	97%
Employee	98%
Training on Bloodborne Pathogens-Initial	97%
Training on Bloodborne Pathogens-Annual	90%
Sharps Injury Log	51%

These data indicate employer compliance with a majority of the requirements of the PEOSH Bloodborne Pathogens Standard. The exceptions pertain to the following: a) only 45% of the responding facilities reported that they were using safer needle devices; b) only 48% reported soliciting employee input on the selection of the safer needle devices; and c) 67% indicated that they utilized puncture-resistant containers for contaminated sharps in their facility. These percentages may be low because: a) the requirement may not be applicable because injections are not given in that specific workplace; or b) the workplaces are not aware of the added requirements under the revised 2001 PEOSH Bloodborne Pathogens Standard. The same rationale is applicable to the requirement of maintaining a Sharps Injury Log (51%).

As indicated above, 97% of the responding facilities reported that they conducted initial BBP training for their employees, while only 90% reported training their employees annually.

Limitations of Survey Data

- No pilot study was conducted. A pilot study includes sending a limited number of surveys to a cross-section of public employers to gain insight into whether the respondents understand the questions, if the questions flow appropriately, and if there are any gaps in the survey.

- Existing mailing labels were used. Since labels were not available for police departments, a decision was made to mail the survey to municipalities, asking them to copy the survey and pass it on to various applicable departments. Although the data file was searched for duplicates which were deleted when indicated, there is a possibility of overlap since staff from some of the municipalities may have completed the survey, in addition to their various department representatives.

- As stated above, municipalities were requested to copy the survey and pass it on to various applicable departments. It is possible that some workplaces such as Fire, EMS and LHD may have received more than one copy of the survey. In addition, the New Jersey Department of Human Services PEOSH liaison was requested to distribute the survey to their Public Healthcare Facilities (PH Facility). Hence, it is not possible to estimate the total number of surveys distributed and determine an accurate response rate. The calculated response rate (1091 responses out of 2,769 surveys mailed) of 39% is probably higher than the true response rate.

- For reasons stated above, a comparison of the responding facilities with those that were mailed the survey could not be conducted. In addition, the low response rate makes it difficult to generalize the survey results. The most compliant employers may be the ones who responded, therefore biasing the results.

- Some employees may have more than one job i.e., a firefighter may be a paid employee in one municipality and volunteer in another. Some firefighters are also cross-trained in EMS. Therefore, these employees may have been included in the survey filled out by the municipality, as well as the survey filled out by the fire department or EMS unit, thus contributing to a possible overlap in the data.

- Response to the survey was voluntary. The employers receiving the survey were urged to contact specific NJDHSS personnel with any questions regarding the survey. No other follow-up was conducted due to resource limitations.

- County hospitals (6) and county nursing homes (16) were inadvertently not mailed the survey. This oversight may be one of the reasons why public healthcare facilities accounted for only 2% of the responding facilities.

- Corrections officers are covered under the PEOSH Bloodborne Pathogens Standard; however, no responses were received from correctional facilities.

- The employer was requested in the survey to select a reason for employees declining the vaccine (more than one reason could be selected). The employer was not asked to specify how many employees declined the vaccine for each selected reason. Therefore, there is no data on employees who declined the vaccine regarding how many had already completed the vaccine series.

Discussion

A total of 1,091 workplaces responded to the survey. Most targeted types of public employers, namely, Police, Fire, Local Health Departments, Schools and Public Healthcare facilities are represented among the responding facilities. **Close to 100% of the employees identified by the employer as having occupational exposure to bloodborne pathogens have been offered the hepatitis B vaccine and at least 58% of the potentially exposed population have completed the vaccine series.** These percentages may be an overestimate, due to response bias detailed in the previous “Limitations of Data” section.

In general, there were more employees who were offered the hepatitis B vaccine than those who completed the vaccine series. A reason for the lower percentage of employees completing the vaccine series may be attributable to the employer’s difficulty in getting employees to return after the first or second dose to complete the vaccine series. The second injection should be given one month after the first, and the third injection six months after the initial dose. To

ensure immunity, it is important for individuals to receive all three doses. In some rare instances, an employer may offer the vaccine to all the employees, even those who do not have a reasonable chance of occupational exposure. This observation is based on employer feedback to the PEOSH Program regarding compliance with the PEOSH Bloodborne Pathogens Standard.

In light of the overlap of data among workplaces, compliance characteristics by workplace category are more reliable than the summary figures combining all workplaces. Local health departments ranked first with 74% of their employees who were offered the vaccine completing the vaccine series.

It is interesting to note that some Department of Public Works (DPW) employees (708) were offered the vaccine. Generally, DPW workers are not covered under the Bloodborne Pathogens Standard. The employer may have decided that these employees have a reasonable chance of exposure to blood or other potentially infectious materials on the job and therefore, included them in their Bloodborne Pathogens Exposure Control Plan.

Forty-two percent of the responding facilities chose “Already had the series” as a reason for some of their employees declining the vaccine. There is no data, however, for these facilities on how many of these employees had already completed the vaccine series. It should also be noted that 36% selected “fear of possible complications” and 22% selected “fear of needles or injections” as reasons for an employee(s) declining the vaccine.

Ninety-seven percent of employers reported conducting initial employee training on the PEOSH Bloodborne Pathogens Standard; however, only 90% provided annual training. Annual training is a requirement of the Standard, whereby information on the hepatitis B vaccine must be given to the employees. The employee could then make a more informed decision regarding accepting or declining the vaccine. When the employee is given accurate information on the relative safety of the vaccine, their fears should be allayed regarding any subsequent complications from the vaccine. Therefore, an employee who declined the vaccine after an initial training may change their mind after a subsequent annual training and request the vaccine.

County hospitals (6) and county nursing homes (16) were inadvertently not mailed the survey. This oversight may be one of the reasons why public healthcare facilities accounted for only 2% of the responding facilities. In addition, no responses were received from correctional facilities (15 state facilities and 21 county facilities). Both healthcare workers and corrections officers have a high risk of occupational exposure and may need further outreach regarding compliance with the PEOSH Bloodborne Pathogens Standard.

The original PEOSH Bloodborne Pathogens Standard emphasized the importance of the hepatitis B vaccine. The revised Standard emphasizes hazard elimination i.e., needlestick prevention and the importance of SESIP’s such as safer needle devices. In addition, the employer must get input on the selection of these devices from front-line employees and must maintain a Sharps Injury Log.

The hepatitis B vaccine protects employees from contracting hepatitis B; however, there are no similar protections for HIV, HCV or other bloodborne pathogens. Therefore, it is important that the employer comply with the PEOSH Bloodborne Pathogens Standard to help prevent or control the hazards associated with all bloodborne diseases.

Conclusions

Overall, employees identified with potential occupational exposure to bloodborne pathogens (BBP) had been offered the hepatitis B vaccine. Areas identified that warrant future PEOSH outreach activities (e.g., through educational materials and seminars) include:

- Motivating the employee to accept the vaccine when offered and complete the vaccine series of three injections given over a period of six months;

- Advising the employer to request appropriate medical documentation from employees who decline the vaccine because they indicated that they had already received it. This could help confirm whether the employees had completed all three injections in the vaccine series.

- Reducing the number of employees who decline the vaccine particularly because of "fear of complications" and/or "fear of needles".

- Improving compliance in designated workplaces with the additional requirements of the revised PEOSH Bloodborne Pathogens Standard. The requirements include provision of sharps with engineered sharps injury protections (SESIPs) and puncture-resistant sharps containers. In addition, employee input on the selection of the SESIPs (e.g., safer needle devices) and maintaining a Sharps Injury Log is also required.

Recommendations

- Additional educational outreach activities are needed to increase awareness regarding the hepatitis B vaccine, especially in schools and public healthcare facilities.

- Employers need to be further informed that initial and annual employee training are required by the PEOSH Bloodborne Pathogens Standard. The importance of completing the vaccine series of three injections needs to be emphasized during the training.

- Employers with employees who give injections or use other related sharps, need to be reminded that the revised 2001 PEOSH Bloodborne Pathogens Standard requires that sharps with engineered sharps injury protections be used (SESIP). Survey results indicate that this educational outreach needs to address other exposure control requirements i.e., provision of puncture-resistant containers and the solicitation of non-managerial employee input on the selection of safer needle devices. Employers should also be informed that, in addition to keeping a New Jersey Occupational Safety and Health (NJOSH) Log 300 of occupational illnesses and injuries, a Sharps Injury Log must also be maintained.

- Consideration should be given to further follow-up regarding public workplaces at highest risk of exposure to BBP, e.g. healthcare facilities and correctional facilities, to ensure compliance with the PEOSH Bloodborne Pathogens Standard.

- Employers with employees who have a reasonable anticipation of exposure to blood or other potentially infectious materials (OPIM) should comply with the PEOSH Bloodborne Pathogens Standard (29 CFR 1910.1030). Implementation of the requirements of the Standard will prevent or control exposures for all bloodborne diseases, including hepatitis B.

- In accordance with N.J.A.C. 8:57B, funds are available from the NJDHSS Hepatitis Inoculation Fund for the reimbursement of costs of hepatitis B vaccine for certain emergency medical technicians, firefighters and police officers who fit the qualifications specified in the adopted rules. For further details, contact the Contract Administrator, NJDHSS, Office of the Director, Communicable Disease Service, PO Box 369, Trenton, New Jersey 08625; Telephone # 609-588-7500.

The NJDHSS PEOSH Program offers on-site consultation and education/training seminars to help employers provide a safe and healthy work environment for their employees. For more information on the PEOSH Bloodborne Pathogens Standard, contact the PEOSH Program at 609-984-1863 or visit the PEOSH website at: www.nj.gov/health/eoh/peoshweb.

References

1. PEOSH Bloodborne Pathogens Standard (29 CFR 1910.1030)
   www.osha.gov

2. PEOSH "Bloodborne Pathogens Model Exposure Control Plan"
   www.nj.gov/health/eoh/peoshweb

3. PEOSH Information Bulletin, "PEOSH Revises the Bloodborne Pathogens Standard"
   www.nj.gov/health/eoh/peoshweb

APPENDIX A

State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360

www.state.nj.us/health

JAMES E. McGREEVEY
Governor

CLIFTON R. LACY, M.D.
Commissioner

June, 2002

Dear Public Employer:

The New Jersey Department of Health and Senior Services (NJDHSS), Public Employees Occupational Safety and Health (PEOSH) Program is requesting that ***the enclosed New Jersey Public Employer Bloodborne Pathogens Survey be completed and returned in the enclosed postage-paid envelope within two weeks of receiving this letter***. It is important that this survey is completed for all your departments where employees are potentially exposed to bloodborne pathogens. If necessary, please make photocopies of the survey and complete for each applicable department.

The hepatitis B (HBV) virus warrants serious concern for workers occupationally exposed to blood and certain other body fluids. It is estimated that more than one hundred thousand public employees in New Jersey, including health-care workers, emergency medical service responders, firefighters and police officers are potentially exposed to the hepatitis B virus. In response to this potential hazard, as well as other bloodborne pathogens, New Jersey adopted the OSHA Bloodborne Pathogens Standard, which is enforced under the New Jersey Public Employees Occupational Safety and Health (PEOSH) Act.

The standard, in part, requires that public employers offer the hepatitis B vaccine to all potentially exposed employees. The vaccine, which is safe and effective, has been available since 1982. The vaccine simulates active immunity against hepatitis B infection and provides ninety percent protection for seven or more years.

The information obtained from this survey will help determine how many public employees have received or been offered the hepatitis B vaccine. Be assured that the information will not be used to conduct compliance inspections for the Bloodborne Pathogens Standard. The survey results will be evaluated to determine if additional educational outreach activities are needed to increase awareness regarding the hepatitis B vaccine and other aspects of the standard.

Thank you in advance for cooperating with us in this survey. If you have any questions, please call Carol Lamond, PEOSH Program, at (609) 984-1863. If you prefer, you can fax the completed survey to Ms. Lamond at (609) 984-2779.

Sincerely yours,

Gary Ludwig
Program Manager
PEOSH Program

New Jersey Department of Health and Senior Services
PEOSH Program
PO Box 360
Trenton, New Jersey 08625-0360

NEW JERSEY PUBLIC EMPLOYER BLOODBORNE PATHOGENS SURVEY

Name of Person Completing This Survey: _____ _____
(First) (Last)

Job Title: _____

Telephone Number (including area code): (__ __ __) - __ __ __ - __ __ __ __

Fax Number: (__ __ __) - __ __ __ - __ __ __ __

E-Mail Address: _____ @ _____

Name of Workplace: _____

Street Address of Work Place: _____

City, State, Zip Code: _____

PLEASE CHECK THE APPROPRIATE ANSWER

1. Does your facility have a written Exposure Control Plan for employees potentially exposed to bloodborne pathogens? 1 ☐ Yes 2 ☐ No

2. Do your facility have a designated person responsible for monitoring your Bloodborne Pathogens Exposure Control Program? 1 ☐ Yes 2 ☐ No

3. Has your facility completed a bloodborne pathogens exposure determination for your employees? 1 ☐ Yes 2 ☐ No

4. Are the employees with potential exposure to bloodborne pathogens required to practice Universal Precautions? 1 ☐ Yes 2 ☐ No

Vaccination

5. Has the hepatitis B vaccination series been offered to potentially exposed employees in your facility?
   1 ☐ Yes
   2 ☐ No

6. In your facility, how many employees are potentially exposed to bloodborne pathogens? |_|_|_|_|_|_|

7. To how many of these employees have you offered the hepatitis B vaccination series? |_|_|_|_|_|_|

8. How many of these employees have completed this vaccination series (3 vaccinations)? |_|_|_|_|_|_|

9. How many of these employees have declined to have the vaccination series? |_|_|_|_|_|_|

10. Based on your experience, why did these employees decline the vaccination series? Please check all that apply.
    1 ☐ Already had the series
    2 ☐ Allergic to vaccine component(s)
    3 ☐ Fear of needles or injections
    4 ☐ Fear of possible complications
    5 ☐ Other, Specify: _____

Engineering Controls and Personal Protective Equipment for Employees Covered by the Bloodborne Pathogens Standard

11. Are handwashing facilities provided to your employees?
    1 ☐ Yes
    2 ☐ No

12. Are protective gloves and other personal protective equipment provided to your employees when appropriate?
    1 ☐ Yes
    2 ☐ No

13. In order to help prevent needlestick injuries, are needle devices with safety features (e.g., sheathed needles) being provided?
    1 ☐ Yes
    2 ☐ No

14. Are employees who use these devices asked for input on the selection of devices with safety features?
    1 ☐ Yes
    2 ☐ No

15. Are puncture-resistant containers provided for all used sharps?
    1 ☐ Yes
    2 ☐ No

16. Do the employees know what to do if there is an exposure incident?
    1 ☐ Yes
    2 ☐ No

17. Does the employer know what steps to take after an exposure incident?
    1 ☐ Yes
    2 ☐ No

Training

18. Has training been provided to all employees who are reasonably anticipated to have occupational exposure to bloodborne pathogens?
    1 ☐ Yes
    2 ☐ No

19. Is the employee training on bloodborne pathogens conducted annually?
    1 ☐ Yes
    2 ☐ No

Recordkeeping

20. Does your facility maintain a Sharps Injury Log to record an employee's injury from a contaminated needle or other sharp?
    1 ☐ Yes
    2 ☐ No

21. How would you characterize the effectiveness of your Bloodborne Pathogens Exposure Control Plan? Check the number that corresponds to your self-rating.
    1 ☐ Excellent
    2 ☐ Good
    3 ☐ Fair
    4 ☐ Non-existent

Please return this survey in the enclosed postage-paid envelope or fax it to Carol Lamond, PEOSH Program at (609) 984-2779. For any questions pertaining to this questionnaire, please call Ms. Lamond at 609-984-1863.

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
PEOSH PROGRAM

READER RESPONSE QUESTIONNAIRE

We would like the reports we publish to be as readable and useful as possible. To improve the quality of our reports, please answer the following questions and return the questionnaire to us in the enclosed post-paid envelope. Thank you.

Name of person completing the questionnaire (optional) _____

Job title _____

Telephone (include the area code) _____

Name of organization _____

In which of the following ways will you use the report (check all that apply):

_____ distribute it to employees
_____ include information from it in our publication(s), e.g., a newsletter; specify _____
_____
_____ as justification for policies, programs, etc.
_____ as background information for developing programs or activities
_____ to keep up to date in my field
_____ file for future reference
_____ other (please specify) _____
_____ did not use it

If you will not use the report, please check why:

_____ content not useful or applicable
_____ difficult to understand
_____ other (please specify) _____

Please list recommendations for ways to improve the content, format, or usefulness of future reports, e.g. additional information that would be useful. _____
_____
_____
_____
_____

If you have questions or wish to talk with us, please feel free to call the PEOSH Program at 609-984-1863. Thank you for your assistance.